

DYSRHYTHMIAS: PULSELESS ELECTRICAL ACTIVITY (PEA)

ACTION/TREATMENT:

- ABCs/CPR/monitor cardiac rhythm.
- IV access titrated to perfusion - fluid bolus as indicated by potentially correctable cause.
- Epinephrine: 1 mg 1:10,000 IVP every 3 - 5 minutes.
ET: Epinephrine 1:1000 10 mg once.
- Atropine: for HR < 60: 1 mg IVP every 3 - 5 minutes to a maximum 0.04 mg/kg.
ET: 2 mg once.

Pediatric

- Fluid bolus 20 ml/kg - reassess - repeat.
- Epinephrine: 1:10,000 0.01 mg/kg IVP every 3 - 5 minutes.

NOTES:

- PEA includes pulseless electrical rhythms (otherwise known as electromechanical dissociation or organized electrical activity without palpable pulse) such as pulseless sinus rhythm, idioventricular rhythm, ventricular escape rhythm, bradysystolic rhythm.
- Pulseless or cardiac arrest patients with rapid tachycardias (usually over 160/min) may require treatment of the tachycardia before other treatment of PEA.
- Consider sodium bicarbonate only in prolonged arrest, known renal failure or tricyclic overdose in adult and pediatric patients: 1 mEq/kg IVP then 0.5 mEq/kg IVP every 10 minutes.
- Consider correctable causes of PEA:
 - Hypovolemia - most common cause.
 - Hypoxia.
 - Tension pneumothorax.
 - Metabolic causes:
 - Hyperkalemia.
 - Hypoglycemia.
 - Severe acidosis.
 - Drug OD.

Shaded text indicates BH order

Unshaded text indicates standing order

Approved:

TxGuide98:cardiac
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